



Congress of the United States
House of Representatives

5-20-20

Pete T. Gaynor
Administrator
Federal Emergency Management Agency
500 C Street SW
Washington, DC 20024

Robert R. Redfield
Director
Centers for Disease Control and Prevention
395 E St. SW
Washington, DC 20024

Dear Administrator Gaynor and Director Redfield:

We write to you today regarding concerns about your respective agencies' COVID-19 pandemic response efforts in Indian Country. We have heard from Tribal leaders and advocates that both the Centers for Disease Control and Prevention (CDC) and the Federal Emergency Management Agency (FEMA) have largely failed to effectively communicate and coordinate response efforts with, as well as direct needed supplies and proactive mitigation efforts, to federally-recognized Indian tribes in the United States. These reports are especially concerning considering the continuing increase in the number of positive coronavirus cases in Indian Country, including on the Navajo Nation, which has become the site of the most severe outbreak per capita in the country.

We write specifically to request the details of your agencies' proactive mitigation, response, and outreach efforts to tribal governments due to the disproportionate impact that Indian Country continues to face during this pandemic. We are aware that since the beginning of this national pandemic there has been a surge in support, allocation of resources, and proactive measures taken by your agencies that have gone directly to states, local governments, and territories; however, tribal governments have been largely omitted from these efforts. For example, we have been made aware of tribal FEMA requests for Personal Protective Equipment (PPE) and other critical mission assignments that have gone unanswered, unprocessed, or been denied by FEMA. Additionally, there has been an apparent lack of CDC COVID-19 Response Teams deployed to tribal communities across the country to assist Tribes with mitigation, pre-mitigation, epidemiology analysis, and other proactive measures that have been deployed to states and territories. We find this extremely concerning especially in rural tribal communities in Arizona and New Mexico where many lack access to running water and where contact tracing teams are essential to prevent further outbreak.

Of further concern are the severe delays in administering CDC funding that Congress specifically directed for allocation to Tribes, urban Indian organizations, and tribal health providers in the Coronavirus Preparedness and Response Supplemental Appropriations Act (H.R. 6074), signed into law on March 6, 2020. Not only were these funds disseminated in a highly unorthodox manner — and not in accordance with feedback from Tribal Nations received through consultation — but tribes without existing CDC cooperative agreements were forced to wait over a month before becoming eligible to submit an application for congressionally delegated funding. To this day, *over two months since the passage of H.R. 6074, it is unclear how many Tribes still have not received these desperately needed funds during*

a pandemic. This inaction and lack of tribal consultation and coordination is a clear breach of the federal government's trust responsibility, which extends to all federal agencies.

Lastly, we are concerned about the backlog of FEMA applications submitted by tribal governments for Personal Protective Equipment (PPE) and about the effectiveness of coordination with the Indian Health Service (IHS) to adequately process tribal requests. While we understand that national stockpile shortages complicate the availability of these precious resources, there is concern that lack of coordinated efforts between agencies, lack of communication, or unclear guidance created unneeded complications in the execution of these duties.

Due to the unique government-to-government relationship the federal government has with sovereign tribal nations, tribal consultation and agency coordination is not optional. To address the stated concerns, we respectfully ask that you submit responses to the questions below by no later than June 3, 2020:

1. What guidelines do your agencies adhere to for tribal consultation, communication with tribal leaders, mitigation efforts, and proactive measures to facilitate the distribution of aid and response times during the pandemic? How are these tribal outreach and coordination efforts prioritized as part of your agencies' response to state and local governments, and territories?
2. What meetings and coordinated efforts have your agencies attended or executed with the Indian Health Service (IHS), Bureau of Indian Affairs (BIA), or other relevant federal agencies to better facilitate the delivery of critical resources and mitigation efforts in tribal communities?
3. CDC: As part of your work with governmental bodies such as states, local governments, and territories, what is your agency doing to ensure tribal nations, especially those without preexisting cooperative agreements, are also prioritized to quickly access resources, communicate with your agency, and seek relief (including proactive/pre-acceleration resources) similarly to states and territories?
4. CDC: How many tribal governments have applied for noncompetitive grants, under both component A and component B of the notice of funding opportunity (NOFO), that were allocated under the Coronavirus Preparedness and Response Supplemental Appropriations Act? How many tribes have had grants awarded, when were these awards made, and what is the average time it has taken your agency to disburse these funds to Tribes? How does the agency's average aid award time compare to states and territories?
5. CDC: How many community mitigation, epidemiology, low incident, and pre-acceleration teams have been deployed to tribal communities? How does the agency determine the deployment of these teams to tribal communities? How does the agency determine and prioritize the deployment of these teams to states, local governments, and territories versus to tribal communities?
6. FEMA: What is the procedure for Tribes to submit requests for PPE or other critical needs, such as ICU bed surge needs, to FEMA? How has this procedure changed since the national emergency was initially declared on March 27? How are these resources administered and prioritized to the Tribe once a request is granted? How are these resources administered and prioritized amongst states, local governments, territories, and tribes?
7. FEMA: How many applications have been submitted by Tribes requesting PPE? How many applications have been awarded to tribes and how many of these applications remain unprocessed/pending? What are the agency guidelines for processing these applications? How does your agency work with other federal agencies or states to process these applications?

Considering the changing nature of this pandemic, we would welcome the answers to these questions in the form of a conference call with Members and staff as soon as possible. Please contact either Heidi Todacheene (Heidi.Todacheene@mail.house.gov) with Rep. Deb Haaland's office or Mariel Jorgensen (Mariel.Jorgensen@mail.house.gov) in Rep. Ruben Gallego's office with any questions regarding our request. We greatly appreciate your attention to this matter and look forward to working with your agencies to ensure our trust responsibility to Tribal Nations is upheld.

Sincerely,



Deb Haaland
Vice Chair
House Natural Resources Committee



Ruben Gallego
Chairman
Subcommittee on Indigenous People